

# Seventeen Days User Guide



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# Seventeen Days

*Seventeen Days* is a theory-based interactive video designed to educate young women about contraception and sexually transmitted infections (STIs). The program presents scenarios involving decisions that young women face in romantic relationships.

These stories identify choice points, suggest risk-reduction strategies, and ask viewers to think about what they would do in a similar situation. The video is interactive, allowing viewers to choose what they want to watch. Viewers are given the opportunity to mentally practice how they would respond in hypothetical situations through the frequent use of “cognitive rehearsal.”



The video centers around a pregnancy scare, presenting educational content through six vignettes, a condom demonstration, and four mini-documentaries. The mini documentaries focus on contraception, STIs and anatomy.

They are varied in their approach, including real life stories, dramatized video, interactive features, clinical expertise, and mechanical demonstrations.



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# Program History

There have been two incarnations of this intervention, each presented through interactive video. The original version, *What Could You Do?*, underwent a randomized controlled trial showing beneficial effects on behaviors and outcomes. In 2011 the program was updated with production of a new video, *Seventeen Days*. It is currently undergoing a large-scale evaluation, dubbed the *Teen Video Study*, to replicate the evaluation of its effectiveness in a larger sample with a more intensive follow-up protocol.

## Original Version

*What Could You Do?* was a theoretically-based, factually correct interactive video created in the 1990s by researchers at Carnegie Mellon University, Children’s Hospital of Pittsburgh, and Slippery Rock University. The goal of this intervention was to improve young women’s ability to make less risky sexual health choices and decrease the risk of contracting chlamydia.

The original *What Could You Do?* intervention was based on the “mental models” approach of understanding perceptions of risk. A mental model refers to a person’s thought process about how something works. The intervention developers were interested in understanding mental models of the relationship between sexual decision making and STI risk. Before designing the intervention, the research team conducted formative research to understand the difference between the mental models of an expert panel on STI risk (made up of experts in public health, psychology, nursing, and adolescent medicine) and adolescent girls (the target audience).

After gathering information on how the experts saw the relationship between sexual decision making and STI risk and how adolescent girls saw it, the developers compared and contrasted these views. Topics that were present in the expert model but absent in the adolescent girls' mental models indicated potential information gaps. Topics present in the adolescent girls' mental models that did not match the expert model tended to indicate areas where girls had misconceptions. The developers used this formative research to identify where and how new sexual health information could be incorporated into girls' knowledge and behavior in order to reduce sexual risk—the result was the original *What Could You Do?* intervention.

The video prompted teens to make their own choices, learn refusal skills, and practice responding in hypothetical situations. It portrayed condom use in a positive light, offered risk reduction strategies, encouraged stronger self-reliance for decision making, demystified commonly misunderstood topics such as the gynecological examination and sexually transmitted diseases, and explained how to get condoms and negotiate their use with sexual partners.

The video included content addressing four key topics:

- **sexual situations**, in which a female character negotiated for safer outcomes
- **risk reduction**, in which the concept of relative risk was explained and applied to sexual behavior
- **reproductive health**, including anatomy, physiology and a gynecological exam
- **sexually transmitted infections**, explaining viruses, bacteria and eight common STIs

*What Could You Do?* was designed to be viewed in a healthcare setting such as a medical professional's office or a clinic. In a feasibility study, it was shown to be an innovative and effective way to make use of patient wait time without interfering with care or adding burden to clinic staff.

*What Could You Do?* is no longer available. It has been replaced by the updated version described below.

## Updated Version

Teen girls continue to face similar risk factors for pregnancy and STI acquisition as targeted by the earlier intervention, including poor negotiation skills, age-related physiological vulnerability, limited disease knowledge, and frequent misuse or lack of condoms. Young women often feel they have little control over sexual situations, thereby limiting their ability to act on their knowledge.

To continue to address these special risk factors, taking into consideration the medical, technological and social changes that have occurred since *What Could You Do?*, an update of the video intervention was

created: *Seventeen Days*. It has updated factual content and shares the goal of the original, which is to increase young women's ability to use risk reduction strategies to prevent pregnancy and STIs. It is grounded in the same formative research that led to the innovative approach helping young women to identify strategies for escaping sexual situations that may feel pre-determined.





*Seventeen Days* reflects changes in medical terminology and emerging tools for treatment and management of STIs, such as vaccines against HPV and more effective treatments for HIV. Our evaluation of

*What Could You Do?* found that viewers disproportionately chose stories with a main character of their same racial background, as opposed to those with qualities relevant to their dating situation. In response, we expanded the variations of the sexual vignettes, casting actors from different racial groups into each type of story to allow characters to be chosen for their situation rather than their race.

Like its predecessor, *Seventeen Days* uses interactivity to present different scenarios involving decisions that teens face in their relationships, identifies choice points, suggests strategies, and encourages viewers to rehearse what they would do in similar situations.



The content includes four complementary features:

- **Vignettes** modeling negotiation skills and lower-risk behaviors, including not having sex
- **Condom demonstration** providing rationale for how and why condoms lower risk
- **Gynecological exam** explaining physiology and modeling interactions with a health care provider
- **Disease information**, explaining symptoms (or lack thereof), health consequences, and treatment

# The Teen Video Study

An evaluation of *What Could You Do?* showed promise for reducing risky sexual behavior and lowering the incidence of STIs, although with a relatively small sample size and limited clinical data. *Seventeen Days* is currently being evaluated on a large scale through what we have dubbed the Teen Video Study, with a diverse population that includes both urban and rural teens. The study follows over one thousand participants for 6 months, randomizing participants to watch either *Seventeen Days* or a safe driving video for the control group.

The primary outcomes of the evaluation study are:

- 1) **Self-reported risky sexual behavior**, including number of partners and consistent condom use
- 2) **Clinical outcomes** for chlamydia, gonorrhea and pregnancy, from study tests and medical records

## Program Implementation

The video intervention is designed to be flexible in its use. It could be incorporated into a formal curriculum or could be a resource that program participants viewed on their own.

## Target Audience

The target audience for this interactive video program is **sexually active adolescent females aged 14-19**. It was designed for patients seeking care at health clinics, but would also be well suited for inclusion as part of other educational or youth development programs.



## *Program Length*

The program is designed for an initial viewing time of about 45 minutes, which is presented automatically through the video's interactivity. Additional sessions can range widely in length—depending on the viewer's interests and choices—with over three hours of interactive video material to choose from.

The initial session exposes the viewer to the central story, introduces the relevant characters, and presents the key lesson about condom use. It allows the viewer to



choose one of six vignettes involving possible sexual behavior and then wraps up the main story line and hints at the additional content remaining to watch. After that, viewers are encouraged to go “Back for More” in the same or future sessions. Repeated viewings allow for watching both new and familiar content.

## *Hardware and Cost*

This program is delivered in a self-contained DVD. It can be played on any standard DVD player or computer with a disc drive and is not restricted by any location codes. Portable DVD players offer a very inexpensive option for presenting the intervention in a self-contained delivery system to adolescents, with many options available well under \$100 each. The operation is the same as with any other DVD movie, using controls that are specific to the individual player,

so there is no need to update software or learn new technologies. Notebook or desktop computers present a slightly more expensive, but more versatile option, for those wanting to present the program along with other material that requires a computer interface. Be sure to select a model with a DVD drive and update operating software regularly.

Accessories can also be used to ensure privacy, given the program's coverage of potentially sensitive topics such as intimacy, the possibility of sex, contraception, condoms, and STIs. Individual headphones can be acquired very cheaply in bulk so that each new participant is provided with a brand new pair to keep. Privacy screen filters can be found at any office supply store to ensure that the image is only viewable from directly in front.

The *Seventeen Days* DVD package includes one complete set of materials needed to implement this program. Bulk discounts for additional copies are available from the producers.

## Program Logistics

*Seventeen Days* was designed to be watched by each viewer individually and does not require any staff or facilitator beyond what is needed to get the viewer started with a DVD.



The interactivity and the cognitive rehearsal are both grounded in psychological processes that are best captured if the viewer can make choices and reflect on her own

life privately without concern for how she will appear to others and without social pressures to distance herself from important but sensitive lessons. Therefore, implementation of the program should be geared toward identifying relatively private and distraction-free settings in which the viewer can participate and focus.

The program can be delivered in various settings:

- Healthcare clinic rooms
- Healthcare waiting rooms, with individual kiosks or laptops, headphones and privacy screens
- Healthcare workers' offices
- Educational rooms

In addition, group settings can be useful for generating interest in the program and introducing the concept to potential viewers. Several non-interactive features are available to promote interest, most of which are included on the DVD.

Non-interactive promotional materials

- Trailer (2 minutes)
- Short trailer (30 seconds)
- Parent and Educator Primer (10 minutes)
- Looping version (90 minutes) for continuous play in waiting rooms, available as separate purchase

The non-interactive versions are not meant to substitute for individualized delivery, but rather serve to generate interest and demand for the program. When using a public setting, you may want to consider the appropriateness of the content. Although the program includes no nudity or explicit sexual language or behaviors, it does feature characters talking about having sex and strongly implies that sexual activity may occur.

# Adaptations

*Seventeen Days* was designed and evaluated for individual use. Although many sexual health programs use facilitator-led discussions and group educational settings, peer interactions are not recommended for delivery of this program.

There are many possible settings that can effectively deliver individualized content. Previous evaluations took place in health care settings, where patients could watch the intervention while waiting for care, in waiting rooms or exam rooms. Other similar settings could include classroom or computer laboratories where each individual can use the intervention privately on a computer, or libraries where individuals might be able to check a DVD out to use on site or at home for a designated period of time.



## Strategies for Engagement

Outreach requires engagement from multiple entities and people. First, it is necessary to enlist partners, such as health clinics, to deliver the program. Providing access to the video itself, perhaps with the trailer or the educator primer, can be helpful in generating enthusiasm about the intervention among administrators as well as personnel who will be interacting directly with adolescents. Fostering a feeling of purpose and commitment at various organizational levels can help to promote implementation in the field and maximize interest.



In addition, the adolescents who are offered the program will need to devote their own time and attention to the video if they are to gain from it. In our experience, once

they start watching they are often interested to continue, so the challenge may be in getting them started. An important early step is to remove any unnecessary barriers to watching by making the program easy to access and comfortable to watch. After that, an enthusiastic pitch from project or clinic staff can increase interest, further indicating the importance of allowing all personnel to become familiar enough with the content that they have a genuine enthusiasm for sharing it. Finally, developing a thorough understanding of adolescents' experiences in the clinic or other setting may reveal whether some opportunities are more appealing than others, such as whether it makes more sense to offer the intervention when adolescents check in for care, or later when they are already in a more private location.

If parents are present, they will likely have an opinion about their child viewing the intervention. In our experience, parents are often very enthusiastic about their child getting information about sexual health. But for a parent who is more reticent or concerned, there are several tools to demonstrate the content and its motivation to the parent, to help the parent decide whether the



material is appropriate for his or her adolescent. Although the trailer shows some highlights of the video, the educator primer incorporates more scientific background about the need for the intervention, its theoretical and empirical foundation, and what it has been shown to accomplish. Parents wanting a sense of the sexual content may be assured that there is no explicit sexual behavior, nudity, or profanity, although kissing is shown and sexual behavior is implied. In any interaction with parents, it is important to leave all decision making to the parent, and not to pressure them to allow their adolescent to participate.

## Step-by-step Implementation

The following steps can help to ensure that the intervention is implemented smoothly and successfully.

### *Preparation*

- **Set up hardware**, including inserting DVDs into players, affixing privacy screens, and devoting a secure storage space such as a locking filing cabinet with attached power supply
- **Test all equipment** and familiarize yourself with controls for the video, screen resolution, volume, audio outlet and headphones so that you will be able to provide assistance
- **Label equipment** with your institution's logo, contact information and identification codes for tracking, and instructions (e.g., "return to front desk when finished")
- **Assess institutional flow** to prevent video from interrupting care, considering time spent in waiting rooms



and exam rooms, how staff members interact with adolescents, and how equipment can move with viewers

- **Secure equipment** with highly visible labeling, equipment sign-out systems or mobile tracking devices
- **Create recruitment plan** for identifying and inviting adolescents, including a quick guide to keep close at hand (e.g., at the front desk of a clinic)
- **Promote awareness of the program** by placing signs, posters or pamphlets around the premises

### *Maintenance*

- **Check equipment** at the beginning of each day, to ensure it is present, charged and functional
- **Charge equipment** at the end of each day
- **Update software** routinely as advised by manufacturers

### *Promotion and Delivery*

- **Follow recruitment plan** for eligible adolescents
- **Sign out equipment and DVDs** individually with viewer's name matched to hardware identification code
- **Demonstrate video and audio controls** as needed, showing how to select "Begin Movie" to start video

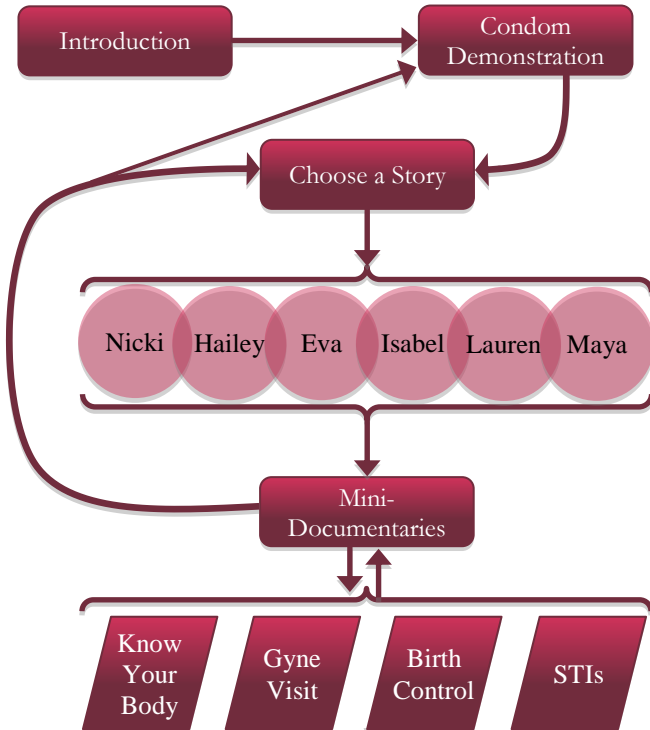


- **Sign equipment back in** when it is returned, and secure it
- **Troubleshoot** as necessary, noting any problems to developer (replacement DVDs are available for free)

# Content of the Video

*Seventeen Days* offers young women the opportunity to learn about pregnancy and STI risk through dramatized videos that include cognitive modeling of negotiation strategies, and mini-documentaries presenting in-depth coverage of content.

## Site Map of Video





## Modeling and Rehearsal

The video is introduced by Jessica, who tells about how she got caught up in the moment with her boyfriend and had sex even though they didn't have a condom. Now, seventeen days later, she reflects on how she has been worried ever since that she might be pregnant.



She enlists her friends to think about what someone might do differently to avoid her situation when they attend a party that evening. Jessica's friend Hailey finds condoms for the girls to have with them at the party and engages them in a hands-on lesson in how to use them. The girls are all in different circumstances, contemplating their relationship dilemmas and decisions about sexual behaviors. They demonstrate a variety of options and skills for making choices in common potentially sexual situations through a selection of six vignettes.



Each vignette presents the viewer with a story that will seem very familiar, as they are based on formative research describing situations in which teens end up having sex. Here, however, the viewer will be asked to consider something

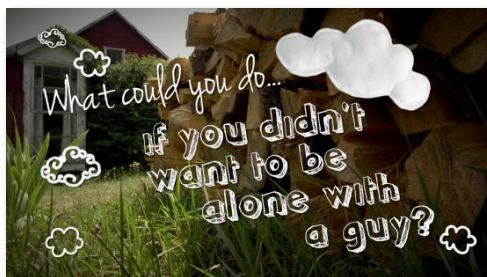
unusual: how to escape from these heavily scripted situations and make a choice that will change the outcome. Each story includes four “choice points” at which the female character thinks of different things that she could say.

One choice continues along the path toward sexual behavior, but two additional choices would stop the progression. These strategies that the character is offering to



the viewer were carefully tested with adolescent audiences to make sure that they were realistic things for young women to say. Some are direct and some are indirect in order to appeal to different interaction styles and comfort levels of diverse viewers. The viewer is given the opportunity to choose which of these options to follow and the story changes in response to that choice.

When a viewer makes one of these lower-risk choices, she is then invited to apply the demonstrated skills to her own life. In-story narrators make suggestions for how she might do this, and a simple graphic develops on the screen asking “what could you do” in a similar situation. The graphic plays



unobtrusively for 30 seconds, then freezes so the viewer can take additional time to complete her thought process before resuming the story.

The video includes six different characters, each of whom has her own story to tell. Three of these young women have boyfriends, and the other three have met young men that they are interested in getting to know. Because of this program's focus on pregnancy risk, only heterosexual couples are included in the story lines. All of them navigate through a similar series of choice points, demonstrate how to pursue less risky options, and present the opportunity for the viewer to engage in cognitive rehearsal for making these choices in her own life. Our research suggests that viewers often want to view several of these girls' stories, thus exposing them to many different strategies for lowering risk and reinforcing the broader lessons.

The characters realize that they each have the ability to make their own choices and the right to say no and to bring up the need to use a condom, even with a boyfriend. Jessica, the narrator, continues to guide the viewer throughout the video.

## Mini Documentaries



In addition to the relationship vignettes, *Seventeen Days* provides numerous additional resources. The narrator, Jessica, introduces a series

of what we call mini-documentaries to the viewer as a collection of videos that she got her hands on when talking to other people about her dilemma. From her bedroom, she explains what resources are available, and the knick-knacks on her bedroom will become a menu for the viewer to choose

from, including going back to the bonfire to watch more of the girls' stories, going back to review Hailey's condom lesson, or watching one of four mini-documentaries:

### *I got birth control and so can you*

Starting with a series of person-on-the-street style interviews, we hear many different perspectives and experiences on how to obtain birth control. These interviews are interspersed with expert content from a reproductive health provider who explains how the different kinds of contraceptives work and emphasizes the need to use condoms with another method.

At the end of the short video, an interactive feature is offered in which the viewer can get more in-depth information about methods of birth control that are of interest to her.



### *Going to the gynecologist*

We hear a young woman's inner monologue at her first visit to a reproductive health provider for gynecologic care. She has engaged in unprotected intercourse and is concerned about pregnancy and infection. This mini-documentary provides information on sexual-health awareness and the importance of seeing a reproductive health provider on a regular basis. It aims to de-mystify what happens at a gynecological exam and to reduce barriers to seeking care.

### *Watch out for STIs*

Students in a Sex Education class discuss sexually transmitted infections and relate conceptual points about pathogens to real-life decisions. Risk reduction is discussed at length using a

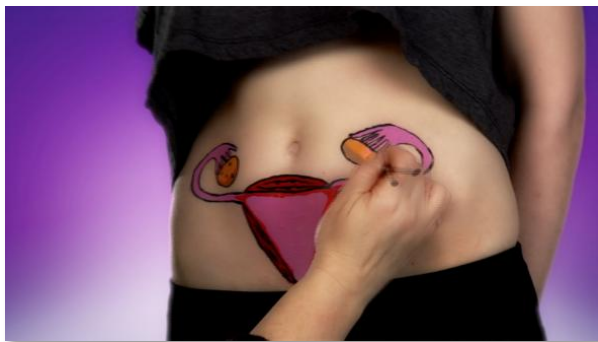
large-scale model that the students use to “weigh” the risks of different kinds of sex and note any benefits of prevention techniques such as condoms. In an interactive feature at the end, viewers learn more about the causes, diagnoses, risks, and treatments of STIs in general, and about eight specific



infections, in particular: gonorrhea, chlamydia, HPV, herpes, syphilis, HIV, hepatitis and trichomonas infections.

### *Know your body*

In a fun, fast-paced segment, we break the mold for showing reproductive anatomy by painting it directly on a young woman’s body. This body painting becomes an interactive feature where the viewer can learn not just the names of the different parts of the internal and external reproductive system but also their function.



# Scientific Evaluation

Two randomized controlled trials have been performed, one on the original version and a second on the updated version. Further details are available by contacting the research team at [info@SeventeenDays.org](mailto:info@SeventeenDays.org) for the full set of measures.

## Pilot Evaluation

### Study Design

A longitudinal randomized controlled design compared the *What Could You Do?* interactive video intervention to two control groups, following a sample of 300 young women over a 6-month period.<sup>1</sup> The study evaluated changes in self-reported behaviors that would contribute to chlamydia acquisition as well as confirmed chlamydia infection with nucleic acid amplification tests.

The experiment compared the interactive video *What Could You Do?* to two control groups, one matched for content and another matched only for topic and length, both of which were in print format and were collapsed to test for the effect of presenting similar information in a video format.

### Study Population

All of the participants were recruited from four urban Pittsburgh sites. To be eligible for the study, participants had to be between 14 and 18 years old and to have had vaginal sex within the past six months. Three-quarters of the sample characterized themselves as African American.

<sup>1</sup> Downs, J. S., Murray, P. J., Bruine de Bruin, W., Penrose, J., Palmgren, C., & Fischhoff, B. (2004). Interactive video behavioral intervention to reduce adolescent females' STD risk: A randomized controlled trial. *Social Science & Medicine*, 59(8), 1561-1572.

## **Evaluation Questions and Outcome Measures**

At the initial session, participants in all groups spent at least 30 minutes with the primary sections of the material to ensure that all girls received similar intervention doses. Participants returned for follow-up visits at one, three, and six months after baseline for booster sessions and follow-up data collection. Participants did not have access to the intervention outside of the study setting. At all follow-up points, the participants were asked to spend at least 15 minutes with intervention materials prior to testing. Attrition rates for each of the three follow-up visits ranged from 12% to 18%.

The general STI knowledge segment contained 40 true/false questions about reproductive health, infections and condoms. In the specific STI knowledge segment, respondents indicated whether the 15 statements applied to the eight focal STIs. Self-report questions asked about sexual behavior in the past three months: number of sexual partners, frequency of condom use, frequency of condom breakage and other problems, and diagnosis with chlamydia, crabs, genital herpes, genital warts, gonorrhea, hepatitis B, HIV, syphilis or trichomonas infections.

In addition to the self-report measures, at baseline and the six-month follow-up participants provided a self-administered vaginal swab that was used to perform a Nucleic Acid Amplification Test (NAAT) for chlamydia infection.

## **Results**

All groups engaged in about the same levels of risky behavior before seeing their intervention. We tested whether those who watched the video were less likely to report engaging in sexual behavior or contracting an STI later on, how often and how correctly they used condoms, and whether either group gained in knowledge. Those who did not engage in sexual behavior

were omitted from analyses on condom use as they had no opportunity to use condoms. Abstinent participants and those who had not used condoms in the past three months were omitted from analyses on condom failures. The main findings are reported below:

- Participants watching the video and controls gained similar general knowledge about STIs as well as knowledge about specific infections
- Participants watching the video were significantly more likely to report complete abstinence over the next three months compared to controls
- Although not statistically significant, participants watching the video tended to report using condoms more than participants in both control conditions
- Participants watching the video reported significantly fewer condom failures from three to six months after starting the program, compared to controls
- Participants watching the video were significantly less likely to report STI diagnoses than participants in the control groups

These results may not be generalizable to other settings such as schools or community organizations. However, the video intervention can be incorporated easily into usual clinic care, without the need for a facilitator or the logistics of a group intervention. Indeed, a feasibility study incorporating the video into usual clinic care demonstrated that it was well received by patients and caregivers alike, and that sufficient waiting time existed for the majority of patients to view the entire first session while in the clinic.



# Large-Scale Replication

## Study Design

A longitudinal randomized controlled design compares the *Seventeen Days* interactive video intervention to a safe-driving video control, following a sample of over 1,000 young women aged 14-19 over a six-month period. The study is evaluating changes in self-reported behaviors that would contribute to risk of pregnancy or infection as well as medically confirmed pregnancies, chlamydia and gonorrhea infections.

Following the baseline outcome measures, participants are randomly assigned to one of the two conditions with each group spending around 30 minutes watching their video. Participants may return to the website at any point for booster sessions to watch additional material. Monitoring of website visits allow the research team to determine when participants return for follow up. If they have not logged into the website for longer than a month, they are contacted and encouraged to do so. Participants return to the website for follow-up sessions at three and six months after baseline to complete outcome measures. Participants can complete these sessions at home and answer the study questionnaires online, and all responses are kept confidential by the data collection system.

## Study Population

Participants are being recruited from private health clinics and public health departments in Pennsylvania, Ohio, and West Virginia from both rural and urban settings. To be eligible for the study, participants must:

- Be aged 14 to 19 years old
- Not be married or pregnant
- Self report having had sex within the past six months

Where possible, participants are asked in advance to allow extra time before or after their visit, but most participants are only first approached while waiting for care.

## **Evaluation Questions and Outcome Measures**

The focal piece of the self-reported behavior measure is a timeline follow-back calendar, asking participants to report each episode of sexual behavior in the past three months. Participants identify partners by initials, characterize the nature of the relationship, and indicate if a condom was used and whether there were any problems. The calendar prompts participants to report the use of hormonal birth control. To suggest that both experimental conditions are important, the calendar also asks about driving violations and accidents.

Survey questions assess knowledge of both STIs and driving risks and self-efficacy. Participants are provided with test kits containing a Cobas PCR Female Swab Sample packet to test for chlamydia and gonorrhea infections, and a urine pregnancy test. The kit also includes a card for the participant to record the pregnancy test result and dates each measure was taken. Follow-up test kits are mailed to participants, or can be picked up at the clinic sites.

Although the evaluation of *Seventeen Days* is still in progress and no results are available yet, there are a number of key enhancements for the evaluation of *Seventeen Days* :

- Larger sample size (over 1,000 participants)
- Wider age range (up to 19 years old)
- Broader geographic area, across three states
- Addition of rural populations
- More detailed measurement of sexual behavior
- More clinical tests (adding gonorrhea and pregnancy)
- Review medical charts for more accurate clinical data

# Frequently Asked Questions

## Questions from participants

### **How long is the video?**

It all depends on the viewer. In the first viewing, *Seventeen Days* is designed to be about 45 minutes, but there are more stories to watch and extra videos available from the menu with over 3 hours of content available. You can watch for as much or as little as you want.

### **How many stories am I able to watch?**

In the initial viewing, viewers choose one story. In later sessions, by choosing “Back for More” on the main menu screen, viewers can access the stories of the remaining five girls as well as additional information on contraception, visiting the gynecologist, and a review of the condom demonstration.

### **Is there a correct answer?**

There are no correct answers. Within each story, viewers are prompted to make choices about what they want to see the character do next, with three different options. The scene will resume following whichever option was chosen, so just pick whichever one you want to see.

### **What should I do when it asks “What could you do?”**

These prompts are meant to encourage viewers to pause and consider how they would react and how they could change their responses for the better. The video is asking viewers to imagine a similar situation happening in their own lives, and think about how they would handle it. Thinking about it in

advance and practicing what to say makes it easier to do it when the time comes.

### **I have watched everything. What should I do next?**

We encourage viewers to revisit the material periodically to reinforce the risk reduction strategies and broader lessons learned. Additionally, you may wish to share the information with others who may benefit from it.

### **How can I show this to my siblings or friends?**

For now, *Seventeen Days* is only available by purchasing the DVD. In the future it may be available online. Visit [www.SeventeenDays.org](http://www.SeventeenDays.org) for updates on this development.

## *Questions from parents*

### **Does the video show people having sex?**

No, the video does not show sexual behavior. However, it strongly suggests that sexual behavior is about to occur, and includes some language and behavior suggestive of sex such as intimate kissing and removal of clothing.

### **What is the science behind this?**

*Seventeen Days* is based on extensive research about how female adolescents make decisions about sexual behavior. It includes scientifically supported techniques for reducing risky behavior, including behavioral modeling to demonstrate safer behaviors, cognitive rehearsal to mentally practice making safer choices, and risk reduction approaches to understand how and why risk may be reduced by making changes in behavior. Additionally, the video addresses common misconceptions about sexual health to help improve understanding.

## **Why are you doing this?**

Adolescents are at high risk of pregnancy and STI infection, due in part to limited disease knowledge, condom failures, and perceived lack of control over sexual decision-making with male partners. *Seventeen Days* is designed to reduce these risks.

## **Questions from clinics and community partners**

### **Does the video show contraceptives?**

The video shows and explains multiple contraceptive options, including condoms as well as hormonal birth control including the pill, the IUD, and Depo-Provera shots. It also shows a visit to a gynecologist and how to get birth control.

### **What are viewers required to do?**

Viewers are only asked to watch the video and make choices on screen when prompted. There is no additional material.

### **What is the target population for this program?**

This intervention is targeted at young women aged 14 to 19, which is a time when they are highly likely to be facing decisions about sex. The video was designed for young women who are already engaged in or contemplating sexual behavior.

### **How long does it take?**

*Seventeen Days* is designed for an initial viewing time of approximately 45 minutes. There is over three hours of interactive material available, and subsequent viewings may vary widely depending on the viewers' interests and the number of scenarios watched. The ideal program dosage

includes a baseline visit (45 minutes), and a monthly booster session to view one additional vignette and one of the mini documentaries (10-20 minutes each).

### **Can participants complete the intervention in groups?**

*Seventeen Days* was designed as an individual-level intervention for several reasons. First, it uses interactivity to self-structure to the viewer's needs based on the choices that the viewer makes. Second, it presents material and asks the viewer to participate in ways that might create embarrassment in front of peers. Third, it includes cognitive rehearsal to reinforce lessons, and relies on the screen pausing with viewer attention to engage the audience and lead to more involved mental practice. There may or may not be benefit to be gained from viewing portions of the *Seventeen Days* materials in groups, to augment the individualized participation, but the program has not been assessed in that context.

### **Can I review the content before using the video?**

Please contact the developers at [info@SeventeenDays.org](mailto:info@SeventeenDays.org) to request a sample DVD to view prior to purchase. Once purchased, it is a good idea to encourage all personnel who will be promoting the program to first view it themselves. However, if the program will be compared to another intervention or to a control condition for research or evaluative purposes, we strongly advise blinding recruiters, evaluators, and clinicians to participants' study condition to minimize bias.

